

# HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM (HOPWA) PROGRAM YEAR 43 CITY OF BRIDGEPORT, CT

**CITY OF BRIDGEPORT  
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT  
999 Broad Street  
Bridgeport, CT 06604**

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM  
APPLICATION DEADLINE FOR SUBMISSION IS  
MARCH 3, 2017 BY 2:00 P.M.**

**PROGRAM YEAR 43**

**July 1, 2017 – June 30, 2018**

**Agency's Legal Name:**

\_\_\_\_\_

**Program Title:**

\_\_\_\_\_

**DUNS #** \_\_\_\_\_

**Agency's Mailing Address:**

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Tel: ( )** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Project Site Address:**

\_\_\_\_\_

**Tel: ( )** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Person Authorized To Sign Contract:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Person Responsible for Project:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**If the amount of the HOPWA assistance is less than the amount requested, will the organization accept the lesser amount and implement the project/program?**

☐ Yes ☐ No

**Funding Request:**

☐ New

☐ Renewal

**Type of Agency/Organization:**

☐ Non-Profit ☐ For-Profit

☐ Other (Identify): \_\_\_\_\_

☐ Is your agency a 501(c)(3)?

☐ Is your agency incorporated?

**Time/Date Stamp (City of Bridgeport use only)**

**HOPWA Funding Request: \$** \_\_\_\_\_

**Total Project Cost: \$** \_\_\_\_\_

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS GRANT**

**PROGRAM YEAR 43 APPLICATION**

**PLEASE BE SURE TO SUBMIT 1 ORIGINAL APPLICATION, and ONE (1) COPY**

Copies must contain all attachments and exhibits

Please do not staple or put the applications in binders

Applications must be delivered as hard copy only

**ELECTRONIC AND/OR FACSIMILE SUBMISSIONS OF APPLICATIONS WILL NOT BE ACCEPTED**

**PLEASE HAND DELIVER APPLICATIONS TO:**

Housing and Community Development  
ATTN: Anjerice Miller  
Margaret E. Morton Government Center  
999 Broad Street  
Bridgeport, CT 06604

**TECHNICAL ASSISTANCE WORKSHOPS WILL BE HELD**

Margaret E. Morton Government Center  
999 Broad Street  
Bridgeport, CT 06606

**HOPWA**

**Thursday, February 23, 2017 10:00am – 12:00pm 999 Broad Street, 2<sup>nd</sup> Floor OPED A&B**

**Please review this application carefully and bring it to the technical assistance workshop. Staff members will be present to answer questions regarding the application.**

## INSTRUCTIONS

This page must be included with your application as the Table of Contents. Be sure to follow all instructions, including:

1. PREPARE EACH SECTION INDIVIDUALLY, AND EACH ITEM IN THE ORDER IT IS LISTED
2. CHECK-OFF EACH ITEM AS COMPLETED. IF NOT APPLICABLE, INDICATE N/A ON THE CHECK-OFF BOX
3. INCLUDE ALL REQUIRED ATTACHMENTS IN THE ORDER INDICATED BELOW

ATTACHMENTS
<p>Attach the following:</p> <ol style="list-style-type: none"><li>1) Commitment letters from other funding sources</li><li>2) HOPWA Performance – Planned Goals (<b>Attachment A</b>)</li><li>3) Certifications-form included (<b>Attachment B</b>)</li><li>4) Declaration of Delinquencies-form included (<b>Attachment C</b>)</li><li>5) Certification of Consistency-form attached (<b>Attachment D</b>)</li><li>6) Board Resolution for Non-Profit Applicants-form included (<b>Attachment E</b>)</li><li>7) Lobbying Certification-form attached (<b>Attachment F</b>)</li><li>8) If your organization/agency is a non-profit, attach proof of 501(c)(3) designation from the IRS (<b>Attachment G</b>)</li><li>9) If your organization/agency is incorporated, attach proof of incorporation (<b>Attachment H</b>)</li><li>10) Organizational Chart (<b>Attachment I</b>)</li><li>11) Job Descriptions and Résumé's of Relevant Staff (<b>Attachment J</b>)</li><li>12) Previous Year's Financial Audit and Evidence of Approval of Audit by Board of Directors (<b>Attachment K</b>)</li><li>13) 2016 CARC Audit Report-previously funded programs only (<b>Attachment M</b>)</li></ol>

I certify that all information required, as outlined on the attached Check List is, to the best of my knowledge, contained herein.

\_\_\_\_\_  
Authorized signature (Blue Ink)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

## CHECK LIST

<b>CHECK OFF EACH ITEM AS COMPLETED</b>		PAGE LIMIT
	<b>SECTION I: ORGANIZATION/AGENCY SUMMARY – 10 points</b>	<b>1</b>
<div style="margin-bottom: 10px;"><input type="checkbox"/> Overview of your organization (includes experience administering federal grants and experience serving the target population.)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Timeliness, accuracy and completeness of HOPWA reporting requirements.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Compliance with City of Bridgeport HOPWA contract and/or directives.</div>		
	<b>SECTION II: PROGRAM DESCRIPTION SUMMARY - 25 points</b>	<b>2</b>
<div style="margin-bottom: 10px;"><input type="checkbox"/> Describe the program(s) for which you are requesting HOPWA funds. First priority will be given to Facility-based and Tenant-based housing programs but other HOPWA-eligible activities (STRMU, Housing Placement Services) may be considered. The budget/performance form must reflect the program description.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> How you intend to use the grant funds? Example: If HOPWA is funding one part of a program, describe how the other funding sources complement HOPWA funds. You may complete additional boxes on budget/performance form to show how HOPWA funds support non-HOPWA funded activities at your agency.</div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Who will receive the services? Include: <ul style="list-style-type: none"> <li>Total number of direct participants per category; (these #s must be the same on budget/performance form.</li> <li>Estimated percentage of clients served that are low and moderate-income; demographics; special populations served (if any)</li> <li>Cities and towns where participants will reside.</li> </ul> </div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Describe how your agency will coordinate with other local programs (Ryan White, Continuum of Care, Food banks, etc.) to address the needs of persons living with AIDS that you plan to serve.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> How does your program meet the needs that are not being met elsewhere in the EMSA Area?</div>		
	<b>SECTION IIA: PROGRAM OUTCOME OBJECTIVES – 15 points</b>	<b>2</b>
<input type="checkbox"/> HUD has created reporting forms they use to capture HOPWA data. A copy is attached to this application. Detail how you expect your program to meet the performance outcomes on housing stability and access to care and support as outlined in these forms. If you have been funded by HOPWA in 2016-2017, detail your recent history of meeting these outcomes. Familiarity with these forms will also help you structure your program description goals and budget with narrative.		
	<b>SECTION III: QUALITY ASSURANCE – 25 points</b>	<b>2</b>
<div style="margin-bottom: 10px;"><input type="checkbox"/> Describe Your Agency's Internal Quality Assurance Process:</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Indicate your score and any recommendations from your 2016 CARC audit. Detail what steps you have taken on completing those recommendations.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Attach any recent Site Monitoring Letters from HUD or other funding agency (such as DMHAS, DSS or City of Bridgeport).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Describe your consumer satisfaction process (surveys, etc.) Summarize feedback (number and % of returned surveys, summary of concerns expressed by clients, etc.) Give a brief narrative of agency follow-up actions or plans regarding concerns raised by consumer. Secondary documentation such as minutes from house meetings, communication to consumers, program action plans may be attached.</div>		

SECTION IV: LEVERAGING OTHER FUNDS – 10 points	1
<div data-bbox="110 178 1487 625"> <input type="checkbox"/> A source, to which the organization has committed, already applied to or plans to apply for funding. If there are committed funds, include a copy of the award letter. Use All Sources Budget, part A. on Attachment A. <input type="checkbox"/> If HOPWA funds are the sole source of funds for this project, please explain why. <input type="checkbox"/> If this is a new application for HOPWA funds, how has your project been funded in the past and why are you now requesting? <input type="checkbox"/> <b>What will the impact be if your program is not awarded HOPWA funds? Each program is required to have a contingency plan in anticipation of reduced or eliminated HOPWA funding that ensures that HOPWA-funded clients do not re-enter homelessness. Please indicate what your contingency plan is and when it was/will be developed and approved by your board of directors. A copy of that plan will be reviewed during the annual monitoring visit.</b> </div>	
SECTION V: ITEMIZED BUDGET – 15 points	ATTACHMENT A
<p data-bbox="110 737 1235 764"><b>PLEASE NOTE THAT THE HOPWA FUNDING CYCLE WILL BEGIN JULY 1, 2017 TO JUNE 30, 2018</b></p> <p data-bbox="110 812 1487 984">Using the HOPWA Budget and Performance on Attachment A, prepare a line item budget that depicts total costs associated with the program goals for units provided and/or persons served. The Itemized Budget should cover the funding period of July 1, 2017 through June 30, 2018. Indirect costs (administration) cannot exceed 7% of total. The City of Bridgeport reserves the right to fund portions of a proposed budget and/or require adjustments from one category to another.</p> <p data-bbox="110 1064 1487 1129">Please attach a budget narrative, detailing all expenses listed in your budget. Narrative should include but not be limited to the following explanations:</p> <ul data-bbox="159 1178 1487 1749" style="list-style-type: none"> <li>• For Tenant-based Rental Assistance: Provide number of units x FMR – estimated household contribution = total;</li> <li>• For Facility-based: Provide number of units to be funded by HOPWA vs. total number of units; detailed list of operational costs to be covered and percent covered by HOPWA vs. other funds;</li> <li>• Supportive Services: detail each position funded and percent of FTE funded by HOPWA; (administrative salaries cannot be funded by supportive services); rationale for amount and cost of supportive services needed relative to units of housing provided. If supportive services are not tied to HOPWA-funded units, explain who funds those units.</li> <li>• Housing Placement Services: detail each position funded and percent of FTE funded by HOPWA; (administrative salaries cannot be funded by housing placement services); number of clients to be serviced and rationale for amount of funds needed, e.g., cost per unit. Narrative should fully describe what services are provided, to whom, how, and why. The measurement of a “unit” must be described (phone call, case management hours logged, etc.)</li> <li>• Administrative Costs: not to exceed 7%. List expenses to be covered by this line item and provide rationale.</li> </ul>	

The City of Bridgeport will use information provided in the submitted application, internal City records, and information from CARC (Capacity Statistics and Quality Assurance Audit Reports) to score each agency's application. The review will be done by a panel selected by the City of Bridgeport's Housing Director. A minimum score of 80 will be required to qualify for funding consideration. Final selection of agencies to be funded for 2017-2018 will be selected from qualifying applicants and based on application scores as well the city's desire to fund agencies that, as a total group, create a comprehensive continuum of AIDS housing throughout the EMSA.

## B. HOPWA BUDGET

The purpose of this budget is to determine how you propose spending HOPWA funds. Please attach a narrative giving as much detail as possible for each line completed. Personnel narratives must include each position funded and the percent of the FTE funded by HOPWA; administrative salaries cannot be funded by supportive services. Tenant Based Rental Assistance should detail number of units x approximate cost per unit/annual. Under "Other," activities must be HOPWA-eligible and be fully described in your narrative.

B. HOPWA EXPENSES LINE ITEMS	HOPWA SHARE	TOTAL PROGRAM BUDGET
<b>FACILITIES-BASED OPERATIONS</b>		
- FACILITY COSTS (RENT, UTILITIES, CUSTODIAL PERSONNEL, ETC.)	\$	\$
	\$	\$
<b>TENANT-BASED RENTAL ASSISTANCE</b>		
- SUBSIDIES	\$	\$
<b>OTHER (MUST BE HOPWA-ELIGIBLE, DESCRIBED AND JUSTIFIED)</b>		
- STRMU	\$	\$
- HOUSING PLACEMENT ASSISTANCE	\$	\$
- NON-HOUSING SUPPORTIVE SERVICES	\$	\$
- SUPPORTIVE SERVICES PERSONNEL	\$	\$
<b>ADMINISTRATIVE (NOT TO EXCEED 7%)</b>	\$	\$
<b>TOTAL</b>	\$	\$

**IMPORTANT INFORMATION**  
**THE NEW HOPWA PERFORMANCE MEASUREMENTS – PLANNED GOAL AND ACTUAL – REPORT FORM IS LOCATED AT THE END OF THIS APPLICATION AS APPENDIX A.**



## Attachment B

### CERTIFICATIONS

The applicant:

- ◆ Agrees to accept and follow management direction from the City and specifically, the Senior Manager of Housing Programs or his/her designee.
- ◆ Agrees to conform to all applicable laws and ordinances and statutes of the Federal Government, State of Connecticut and the City of Bridgeport, including but not limited to the following:
  - Americans with Disabilities Act of 1990; a clear and comprehensive prohibition of discrimination on the basis of disability;
  - Civil Rights Act of 1964 as amended;
  - Executive Orders Numbers 3 & 17 of the State of Connecticut.
- ◆ Agrees that throughout the period of an agreement with the City, all taxes, contractual obligations and audit responsibilities owed to the City shall be and remain current;
- ◆ Agree that all services required of the Applicant under an agreement with the City will be performed with professional skill and competence;
- ◆ Agrees that the funds to be allocated under this application are federal grant monies, and if allocated to the Applicant, and if for any reason these funds become unavailable, the Applicant will only be allowed to drawdown funds only for the legitimate services and activities completed and costs incurred prior to the date of unavailability and all further obligations of the Applicant and the City under a resultant agreement will cease;
- ◆ Agrees that the City reserves the right to terminate the resultant agreement at any time with the assurance that the grantee shall be entitled to reimbursement for services rendered prior to date of termination;
- ◆ Agrees that the Applicant's relationship with the City under an agreement will be that of an independent Grantee and that the agreement will be a contract for completion of activities with allocated funds and/or services and not a contract of employment. The Applicant will not be entitled to any employment benefits from the City such as, but not limited to: vacation, sick leave, insurance, worker's compensation, pension and retirement benefits;
- ◆ Agrees to comply with all requirements promulgated by HUD, including, but not limited to, HUD assurances and to comply with the following laws and regulations which are hereby incorporated herein by reference, to the extent they are applicable to the performance of activities and reporting requirements under an agreement with the City.
  - Federal Labor Standards (29 CFR Parts 3, 5, and 5a)
  - Davis Bacon Act, as amended (40 USC 327-330)
  - Copeland "Anti-Kickback" Act (18 USC 874), as supplemented in the Dept. of Labor regulations (20 CFR-Part 3)
  - Architectural Barriers Act of 1969 (42 USC)
  - Lead Based Paint Poisoning Prevention Act of 1971 (24 CFR - Part 35)
  - Flood Disaster Protection Act (PL 93-291)
  - Hatch Act (Title 5 USC Chapter 15)
  - Section 504 of the Rehabilitation Act of 1973

I hereby declare for myself, and any entity in which I have any ownership or financial interest, that the answers to the questions contained in this application for grant assistance are accurate, complete and are true to the best of my knowledge.

---

**Authorized Signature (Blue Ink)**

---

**PRINT NAME**

---

**TITLE**

---

**DATE**

**SECTION VI: CERTIFICATIONS AND DECLARATION OF DELINQUENCIES:**

Please answer yes or no to each question. For all yes answers, please provide an explanation below. Please use this page to complete your application.

<b>DELINQUENCIES</b>		<b>YES</b>	<b>NO</b>
1.	Is your agency delinquent in the payment of any real or personnel property taxes to the City of Bridgeport?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is your agency delinquent in the payment on any loans received through the City of Bridgeport?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is your agency delinquent in any rental payment to the City of Bridgeport?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does your agency have any outstanding housing or building code violations with respect to property located in the City of Bridgeport?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is your agency in violation of or delinquent under the terms and conditions of any executed contract or agreement with the City of Bridgeport, including reports due the City there under?	<input type="checkbox"/>	<input type="checkbox"/>

**Explain All "Yes" Answers:**

CITY OF BRIDGEPORT  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CERTIFICATION OF CONSISTENCY WITH CONSOLIDATED PLAN

Directions: Please complete all portions of this application.

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact  
Name: \_\_\_\_\_

BRIEF DESCRIPTION OF PROGRAM SERVICE(S):

The above mentioned agency is submitting an application for FY 2017-2018 Housing Opportunities for Persons with AIDS (HOPWA) / Bridgeport EMSA funds from the City of Bridgeport and is required to obtain certification that their program is consistent with the current Consolidated Plan (2013-2018) for the area in which the agency is located.

I, name the title certify that services and activities proposed by the HOPWA provider listed above are consistent with the Consolidated Plan of locality prepared pursuant to the 24 CFR Part 91.

\_\_\_\_\_  
Signature of Appropriate State or Local Official  
(Blue Ink)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**THIS CERTIFICATION MUST BE SIGNED AND INCLUDED IN YOUR RESPONSE FOR YOUR PROPOSAL TO BE CONSIDERED.**

## Attachment E

### BOARD RESOLUTION FOR NONPROFIT APPLICANTS

**I. WHEREAS**, the Bridgeport Department of Housing and Community Development has issued a Notice of Funding Availability and requested applications under the federal Housing Opportunities for Persons with AIDS formula program.

**II. WHEREAS**, assistance is needed to effectively and adequately address the housing needs of persons infected with HIV/AIDS to be served by \_\_\_\_\_  
(Name of Organization)

in our services area(s) of \_\_\_\_\_  
\_\_\_\_\_

**III. WHEREAS**, a Housing Opportunities for Persons with AIDS Application for a grant under this program has been prepared.

**IV. WHEREAS**, \_\_\_\_\_ agrees to provide  
(Name of Organization)

services in conformance with the regulations and guidelines of the HOPWA Program.

**V. WHEREAS**, \_\_\_\_\_ can act on behalf of \_\_\_\_\_  
(Name and Title) (Name of Organization)

and will sign all necessary documents required to complete the grant transaction.

**VI. NOW, THEREFORE, BE IT RESOLVED THAT** the Board of Directors of \_\_\_\_\_  
(Name of Organization)

hereby authorizes \_\_\_\_\_ to apply for and accept the Housing Opportunities for  
(Name)

Persons with AIDS Program and enter into a Grant Agreement with the Bridgeport Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title of Authorized Board Member

## LOBBYING CERTIFICATION

Complete and sign this Lobbying Certification Form if you do not engage in lobbying. If your firm does lobby, request Form LLL from the Contract Administrator.

CONTRACT: \_\_\_\_\_

PERIOD: \_\_\_\_\_

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

## APPENDIX A

HOPWA Performance	Output Households	Funding
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Planned Goal and Actual		HOPWA Assistance		Non-HOPWA		e.	f.
		a.	b.	c.	d.		
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
<b>Housing Subsidy Assistance</b>		<b>Output Households</b>					
1.	Tenant-Based Rental Assistance	00		00		\$00	
2a.	Households in permanent housing facilities that receive operating subsidies/leased units	00		00		\$00	
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units	00		00		\$00	
3a.	Households in permanent housing facilities developed with capital funds and placed in service during the program year						
3b.	Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year						
4.	Short-Term Rent, Mortgage and Utility Assistance	00		00		\$00	
5.	Adjustments for duplication (subtract)						
6.	<b>Total Housing Subsidy Assistance</b>	00		00		\$00	
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>Output Units</b>					
7.	Facility-based units being developed with capital funding but not opened (show units of housing planned)						
8.	Stewardship Units subject to 3 or 10 year use agreements						
9.	<b>Total Housing Developed</b>						
<b>Supportive Services</b>		<b>Output Households</b>					
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	00				\$00	
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements	00				\$00	
11.	Adjustment for duplication (subtract)	-00					
12.	<b>Total Supportive Services</b>	00				\$00	
<b>Housing Placement Assistance Activities</b>							
13.	Housing Information Services	00				\$00	
14.	Permanent Housing Placement Services	00				\$00	
15.	Adjustment for duplication	-00				\$00	
16.	<b>Total Housing Placement Assistance</b>	00				\$00	
<b>Grant Administration and Other Activities</b>							
17.	Resource Identification to establish, coordinate and develop housing						
18.	Technical Assistance (if approved in grant agreement)						
19.	Grantee Administration (maximum 3% of total HOPWA grant)						
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$ 00	
<b>Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and</b>		00		00		\$00	